

ATTACHMENT B SCREENING DOCUMENT FOR INDIVIDUALS WITH MENTAL RETARDATION

DHS 2658
PZ 32658-01
Effective 11/1/85

Consult Codebook for further explanation of items and codes.

Client Name						MA ID Number																																																															
1. LAST		FIRST		M.		2.																																																															
Case Number	Date of Birth	Sex	Guardian Status	Fin Rsp	County of Serv	Resid	MA Eng																																																														
3	4. mmddyy	5. M F	6	7	8	9	10																																																														
1 - Has a private guardian (nonparent) 2 - Has a public guardian (Ward of Comm) 3 - Has a private conservator 4 - Has a public conservator			5 - Has a guardian ad item 6 - Parent is legal guardian 7 - Needs guardian (full or limited) 8 - No guardian needed			1 - Eligible 2 - Not eligible 3 - Holding document pending MA application			4 - Eligible by suspension of deeming rules																																																												
Case Manager Name			CM Number																																																																		
11			12																																																																		
QMRP Name																																																																					
13			14. mmddyy			15																																																															
01 = Initial Screening 02 = Unscheduled Rescreening 03 = Sched. Annual Rescreening 04 = Exit — no longer at-risk 05 = Exit — relocation 06 = Exit — loss of fin. elig. 07 = Exit — refuses services 08 = Exit — death 09 = Exit — other 10 = Re-entry screening 11 = Data collection																																																																					
Medical	1 - No serious/specialized medical needs 2 - Needs specialized or frequent medical attention (office visits only, not on-site attention) 3 - Needs on-call medical attention				4 - Needs on-site medical attention, but less than 24 hours day 5 - Needs on-site medical attention 24 hours day 9 - Unknown (justify in Note Area 1)																																																																
16																																																																					
Vision	1 - No impairment — normal function 2 - Difficulty at level of print 3 - Difficulty at level of obstacles				4 - No useful vision blind 9 - Unknown (justify in Note Area 1)																																																																
17																																																																					
Hearing	1 - No impairment — normal function 2 - Loss present, no correction needed 3 - Impairment — correctable (with aid) 4 - Impairment — not correctable				5 - Only responds to alarm sounds 6 - No useful hearing deaf 9 - Unknown (justify in Note Area 1)																																																																
18																																																																					
Seizures	01 - No history or evidence of seizures 02 - History of seizures, but none recently 03 - Occasional minor seizures — controlled 04 - Occasional minor seizures — uncontrolled 05 - Occasional major seizures — controlled 06 - Occasional major seizures — uncontrolled				07 - Frequent minor seizures — controlled 08 - Frequent minor seizures — uncontrolled 09 - Frequent major seizures — controlled 10 - Frequent major seizures — uncontrolled 99 - Unknown (justify in Note Area 1)																																																																
19																																																																					
Mobility	1 - No impairment — normal function 2 - Moves with assistance (walker, crutches, etc.) 3 - Moves with wheelchair — propelled by self 4 - Moves with wheelchair — propelled by others				5 - Not mobile due to overriding medical condition (please specify in Note Area 1) 9 - Unknown (justify in Note Area 1)																																																																
20																																																																					
Commun	1 - No impairment — normal function 2 - Speech is difficult to understand 3 - Uses sign language primarily 4 - Uses gestures and may use some signs				5 - Uses alternative communication devices 6 - Does not make needs known 9 - Unknown (justify in Note Area 1)																																																																
21																																																																					
Self Preservation	1 - Yes, is capable of self-preservation 2 - No, is not capable of self-preservation 3 - Unknown (justify in Note Area 1)				Lev of Supervision 1 - Client is fully independent 2 - Client is semi-independent 3 - Client needs moderate supervision 4 - Client needs substantial supervision 5 - Client needs intensive supervision 9 - Unknown (justify in Note Area 1)																																																																
22																																																																					
24 Behavior Problem Scales: (circle appropriate code — consult Codebook)																																																																					
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317 = mild mental ret. 318 = moderate mental ret. 318.1 = severe mental ret. 318.2 = profound mental ret. 319 = unspecified mental ret. 343 = cerebral palsy 345 = epilepsy 296 = psychosis 298 = autism																																																																					
26 Independent Living Skills																																																																					
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1 = Independent 2 = Minimal care needed 3 = Substantial care needed 4 = Total care & support needed 9 = Unknown (justify in Note Area 1)																																																																					
NOTE AREA 1																																																																					

(Continued on other side)

57-69
12/29/87
Nene, Dora
Y.2
DORIS OCT 11, 1987

DIAGNOSTIC ASSESSMENT RECORD

OFFICIAL

DEC 29, 1987
1/1/88
OCT 11, 1987

27-69
NORE
V.2

SCREENING INFORMATION

Team Convened	1 = Yes 2 = No	Informed Choice Expi?	1 2	Risk Status	1 = Client is at risk of ICF MR placement 2 = Client is "at-risk" of ICF I placement 3 = Client is "at-risk" of ICF II placement 4 = Client is "at-risk" of SNF placement 5 = Client is in one of the risk groups in codes 1-4, but is not eligible for MA 6 = Client is not at risk of placement in an ICF MR, ICF, or SNF
27	1 2	28	1 2	29	

30 Present at Screening									
Client	Legal Rep	Cs Mgr	QMRP	Other	1 = Yes, present at screening 2 = No, not present at screening				
1 2	1 2	1 2	1 2	1 2					

31	Current	Planned	Funding for Planned	NOTE AREA 2
Services	Yes No	Yes No	Waiver Non-Waiver	
(SUPPORT)				
1. Case Management	1 2	1 2	1 2	
2. Homemaker Service	1 2	1 2	1 2	
3. Respite Care not ICF MR bed	1 2	1 2	1 2	
4. In-Home Family Support	1 2	1 2	1 2	
5. Minor Physical Adapt	1 2	1 2	1 2	
6. SLA - Child	1 2	1 2	1 2	
7. SLA - Adult	1 2	1 2	1 2	
8. Family Subsidy	1 2	1 2	1 2	
9. SILS	1 2	1 2	1 2	
10. Respite Care - ICF MR (St Hosp)	1 2	1 2	1 2	
11. Respite Care - ICF MR (Comm)	1 2	1 2	1 2	
(DAY)				
12. Adult day habilitation	1 2	1 2	1 2	
13. Preschool program (home)	1 2	1 2	1 2	
14. Preschool program (center)	1 2	1 2	1 2	
15. Elem school program (public)	1 2	1 2	1 2	
16. Sec school program (public)	1 2	1 2	1 2	
17. Transition program	1 2	1 2	1 2	
18. Work activity (long term)	1 2	1 2	1 2	
19. Sheltered employ (long term)	1 2	1 2	1 2	
20. Protected work station	1 2	1 2	1 2	
(RESIDENTIAL)				
21. With biol adopt family	1 2	1 2	1 2	
22. With relatives	1 2	1 2	1 2	
23. With foster family	1 2	1 2	1 2	
24. Own home - independent	1 2	1 2	1 2	
25. Own home - super < 24 hours	1 2	1 2	1 2	
26. Own home - super 24 hours	1 2	1 2	1 2	
27. Licensed board and lodging	1 2	1 2	1 2	
28. Uncertified board and lodging	1 2	1 2	1 2	
29. ICF/MR - State Hospital	1 2	1 2	1 2	
30. ICF/MR - community	1 2	1 2	1 2	
31. ICF	1 2	1 2	1 2	
32. SNF	1 2	1 2	1 2	
33. Respite care facility	1 2	1 2	1 2	
34. Other	1 2	1 2	1 2	

32 Special Support Services Needed	Entry to Reside	34 Preferred Choice of
Services	Yes No	Cint/LR Cs Mgr QMRP
1. Specialized Medical Services	1 2	
2. Physical Therapy	1 2	
3. Occupational Therapy	1 2	
4. Communication Training/Speech Therapy	1 2	
5. Special Transportation	1 2	
6. Behavior Management Program	1 2	
7. Infant Stimulation	1 2	

Final Action	35	36
Waiver Type	1 = Diversion 2 = Conversion 3 = Client will not receive waived services	1 = Remain at home with waived services 2 = Remain at home without waived services 3 = Placement in community with waived services 4 = Placement in community without waived services but not in ICF/MR, ICF, or SNF 5 = Placement in ICF/MR - State Hospital 6 = Placement in ICF/MR Community 7 = Placement in an ICF 8 = Placement in an SNF 9 = Other (specify in Note Area 3)

NOTE AREA 3

SIGNATURES SERVICES PLANNING

Case Manager	Date
QMRP	Date
Client Legal Rep	Date
DHS	Date

RSS #

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ATTACHMENT C

Interagency Agreement Between the Departments
of Human Services and Jobs and Training

For the purposes of executing its responsibilities, and to the extent set forth in this agreement, the Department of Jobs and Training shall be considered part of the welfare system as defined in Minnesota Statutes, section 13.46, subdivision 1. The Department of Jobs and Training employees and agents shall have access to private or confidential data maintained by the Department of Human Services to the extent necessary to carry out its responsibilities under the agreement. The Department of Jobs and Training agrees to comply with all the requirements of the Minnesota Government Data Practices Act in providing services under this agreement. James R. House, Director of Vocational Rehabilitation is the responsible authority in charge of all data collected, used, or disseminated by the Department of Jobs and Training in connection with the performance of this agreement. See Minnesota Statutes, Law 1984, chapter 436, section 24 amending Minnesota Statutes, section 13.46, subdivision 10. The Department of Jobs and Training accepts responsibility for providing adequate supervision and training to its agents and employees to ensure compliance with the Act. No private or confidential data collected, maintained, or used in the course of performance of the agreement shall be disseminated except as authorized by statute, either during the period of this agreement or thereafter. The Department of Jobs and Training agrees to indemnify and save and hold the state, its agents and employees, harmless from all claims arising out of, resulting from, or in any manner attributable to any violation of any provision of the Minnesota Government Data Practices Act, including legal fees and disbursements paid or incurred to enforce the provisions of this agreement.

87-69 DEC. 29, 1987
None 1/11/88
Y.2 OCT. 1, 1987

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Cooperative Agreement Between the
Minnesota Department of Human Services
and the
Minnesota Department of Health

Relating to the Survey and Certification of Skilled Nursing Facilities
and Intermediate Care Facilities and the Inspection of Care of Medical
Assistance Recipients.

This agreement, made and entered into this 28th day of January 1985 between the Minnesota Department of Human Services, (DHS) and the Minnesota Department of Health (MDH) is for the purpose of defining functions to be performed and the responsibilities of the Departments in the survey and certification of Skilled Nursing Facilities (SNF's) and Intermediate Care Facilities (ICF's) for participation in the Minnesota Medical Assistance Program (MA), Minn. Stat., Ch. 256B., and for the conducting of the inspections of care of MA recipients in SNF's, ICF's and Institutions for Mental Diseases (IMD's) participating in MA. This agreement shall be read in a manner consistent with Title XIX of the Social Security Act (the Act) and with Minn. Stat. Ch. 256B, 144 and 144A and shall remain in effect until terminated. This agreement shall be reviewed at periodic intervals as mutually agreed upon but not less frequently than once a year.

Whereas, the United States Department of Health and Human Services has issued regulations concerning the survey and certification of SNF's and ICF's as required by Title XIX of the Act which impose duties and responsibilities upon DHS and MDH;

Whereas, DHS and MDH have mutual and individual responsibilities and interest in MA, the relationship between the two Departments in this program under Title XIX of the Act must be defined:

Whereas, DHS is the agency designated to enforce the MA Plan for Minnesota under Minn. Stat. Ch. 256B and approved by the Secretary of the Department of Health and Human Services (DHHS) under Subp. 1902(a)(5) of the Act; and whereas, MDH is the agency designated under Subp. 1902(a)(33) of the Act as the agency responsible for determining whether facilities meet the requirements for participation as SNF's or ICF's in MA; and whereas, MDH is the agency designated pursuant to Minn. Stat. 144.072 to perform the inspection of care of MA recipients as specified in 42 CFR 456.600-614;

Now therefore, be it resolved DHS and MDH agree to perform the necessary functions in connection with these responsibilities as follows:

HCFA-179 # 85-6 Date Rec'd 3/28/85
Supersedes 79-13 Date Appr. 4/15/85
State Pub. In _____ Date Eff. 1/1/85

ORIGINAL

A. General Responsibilities and Procedures

1. The Survey and Compliance Section, Division of Health Resources, of MDH will conduct surveys in accordance with the federal requirements for SNF's and ICF's to determine provider eligibility and certification under MA. The requirements specified in 42 CFR 431.610(f) and (g) will be included as part of the survey and compliance process.
2. In addition to surveying SNF's and ICF's, consultative services will be provided to assist facilities to meet federal certification standards.
3. The Quality Assurance and Review Section, Division of Health Resources, of MDH, will be responsible for conducting at least one annual review for purposes of inspection of care and medical review or independent professional review in each SNF, ICF and IMD. A summary report of the results of each review will be sent to DHS.
4. DHS is the single State agency responsible for monitoring the review of the utilization of care and services under the State plan for MA. DHS will be responsible for reviewing the timeliness of the physician certification, physician recertification and review of care plans. In cooperation with MDH, DHS will also review the timeliness of utilization review activities conducted by the SNF's, ICF's and IMD's. MDH will be responsible for approving the utilization review plans and determining compliance with the federal requirements of the plans.
5. DHS will be responsible for issuing provider agreements to SNF's, ICF's, and IMD's certified by MDH, and will maintain summary information from MDH concerning such provider agreements. Information obtained in any DHS audit process of an SNF, ICF or IMD relative to noncompliance with licensing and/or certification requirements will be routinely provided to MDH.

B. Financing

1. MDH will submit estimates for anticipated costs for all survey and certification activities and inspection of care activities for each fiscal year beginning July 1 and ending June 30 (or such other fiscal dates as are appropriate and agreed upon). These costs will include all costs attributable to the general expenses of MDH in carrying out the functions of this agreement, but shall exclude the costs for licensing activities and medical review or independent professional review of non-MA residents. All estimated costs, reports of expenditures and other reports will be prepared in accordance with the appropriate budgetary and accounting methods and administrative practices adopted by the State of Minnesota. MDH will furnish or make available such supplemental accounts, records, or other information as are required to substantiate any estimate, expenditure, or report,

HCFA-179 # 85-6 Date Rec'd 6/28/85
Supercedes 79-13 Date Appr. 4/15/85
State Rep. In. 1/1/85 Date Eff.

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as requested by DHS or as may be necessary for audit purposes to verify that expenditures were made only for purposes authorized by this agreement.

2. DHS will provide funds for reasonable and necessary costs associated with carrying out the provisions of this agreement. Such funds will be paid in accordance with generally accepted accounting methods and procedures as adopted by the State of Minnesota.
3. This agreement constitutes the whole agreement between the parties and it is mutually understood that no alterations or variations to the terms of this agreement shall be valid unless amendments hereto are made in writing and agreed to by both parties. Should there be any cause for this agreement to be terminated, any funds paid to MDH under the provisions of this agreement which have not been expended or encumbered in accordance with the provisions of this agreement prior to the date as of which the agreement was terminated and any property purchased with funds paid to MDH under the provisions of this agreement, shall be accounted for in accordance with standards established by the State of Minnesota governing disposition of such property and funds.

Minnesota Department of Human Services
(Single State Agency)

by: Leonard B. Lurie
Commissioner

Date: 1-21-85

Minnesota Department of Health
(State Survey Agency)

by: Mary Madonna Ashton

Date: 1-28-85

HCFA-179 # 85-6 Date Rec'd 3/28/85
Supersedes 79-13 Date Appr. 4/15/85
State Rep. In. _____ Date Eff. 1/1/85



10/5
Memorandum

Date February 5, 1982

From Medicaid Program Specialist
Division of Program Operations

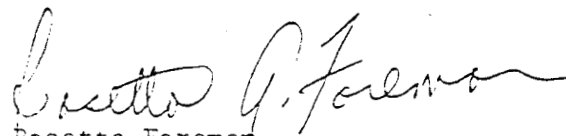
Subject Minnesota State Plan Amendment IM-81-30 - Methods and Standards for
Determining Payment Rates for SNF's and ICF's

To Richard Lyman
Program Analyst
Bureau of Program Policy

Refer to SC4

OFFICIAL

The attached information was submitted by the Minnesota Department of Public Welfare in response to our letter dated December 28, 1981. Please review and submit your comments to me.


Rosetta Foreman

Attachment



OFFICIAL

St. Paul, Minnesota 55155
Telephone: 612/296-6117

February 1, 1982

Judith D. Stec, Associate Regional Administrator
Division of Program Operations
Health Care Financing Administration
Department of Health and Human Services, Region V
175 West Jackson Boulevard
Chicago, IL 60604

Re: State Plan Amendment IM-81-30; Methods and Standards for Determining
Payment Rates for Skilled Nursing and Intermediate Care Facilities

Dear Ms. Stec:

We are submitting the related information requested in your December 28
letter regarding the above-referenced material in compliance with 42 CFR
447.255(b).

The amendment submitted to you on July 20, 1981 included the statement that
"The current rules do not constitute an integral part of the State Plan."
That statement is inaccurate and should be deleted from the text. The
current rules are a part of the State Plan as evidenced by our submittal of
amendments to the federal agency as required.

Please notify me if further information is necessary.

Sincerely,

ARTHUR E. NOOT
COMMISSIONER

LJ/mg

Enclosure

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Additional Information

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A. Average Payment Rate

	SKILLED	ICF-1	CF-2	ICF.MR
PROFIT	48.60	40.25	23.61	48.75
NON-PROFIT	43.14	34.39	23.34	45.93
ALL HOMES	45.25	36.63	23.43	47.09

Average Rate of Increase From Preceding Period: 10%

B. Effect on Availability of Services, Type of Care Furnished, and Provider Participation.

1. Availability of Services. The State does not anticipate any short-term or long-term effect on the statewide or regional availability of services. The State of Minnesota currently has 45,637 skilled and intermediate care one and two beds, and 4,654 beds in the intermediate care facilities for the mentally retarded not counting the state institutions. We are at the very top in the number of beds for elderly and disabled persons proportionally to our population.
2. Type of Care Furnished. The State does not anticipate any short-term effect on the type of care furnished. The long-term effect is difficult, if not impossible, to quantify at this time. We are reviewing all our regulations in order to allow flexibility to providers of care. We are also monitoring very closely the quality of care in our facilities.
3. Extent of Provider Participation. The State does not anticipate any short-term or long-term effect on provider participation. Our long-term care providers participate in the Medicaid Program at one of the highest rates in the nation (99.5%).

LJ/mh

CHAPTER X 3

Attachment 72-A

3000/3-33

~~8000~~
3100
~~8100~~

NONDISCRIMINATION IN PUBLIC WELFARE

FEDERAL LAW

Title VI of the Civil Rights Act of 1964 was approved July 2, 1964 (Public Law 88-352), and includes the following statement:

"Sec. 601. No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

This law has been supplemented by the filing in the Federal Register of a Title 45, Public Welfare, Part 80, Subtitle A, having to do with the U. S. Department of Health, Education, and Welfare and the federally assisted programs administered by it. Rules of federal agencies have the effect of law when filed in the Federal Register.

PURPOSE

The purpose of the above rule is to effectuate in all states the provisions of Title VI of the Civil Rights Act of 1964 to the end that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving federal financial assistance through the U. S. Department of Health, Education, and Welfare.

MINNESOTA STATE ACT AGAINST DISCRIMINATION

As part of this Act, Section 363.03 defines and outlines what are considered to be unfair discriminatory practices. Subdivision 4 pertains to public services and reads as follows:

"It is an unfair discriminatory practice: To discriminate against any person in the access to, admission to, full utilization of, or benefit from, any public service because of race, color, creed, religion, or national origin."

SCOPE AND APPLICABILITY

Public services relates to all public welfare activities, including the financial assistance programs of Old Age Assistance, Medical Assistance, Aid to Families With Dependent Children, Aid to the Blind, Aid to the Disabled and general relief; child welfare services; vocational rehabilitation of the visually or hearing-handicapped; crippled children's services; the commodity distribution program and the food stamp program; all grants for research, training, and demonstration projects; and grants for planning and/or construction.

Minn. Dept. of
Public Welfare

Revised
October 7, 1968

St. Minn. Tr. 12/20/73 Incorp. 9/3/74 Effective 9/3/74